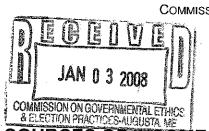
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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Please check if this is an update to a pre	eviously filed statement for the calendar year	2007.
	LEGISLATOR INFORMATION	
Name Philp & Curlis Mailing address		Member of: ☐ House ☐ Senate District
93 Blackwell Hill Rel		P6
City, zip code MACLISÓN Me OC1950		Phone 696-3052
	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employ principal type of economic activity of each en	ver from whom you received compensation inployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
Se/f	93 Blochad Hill Hel	
		The state of the s
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	T
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	iness, if any, and list the major areas of edrical riship, firm, professional association, or simil	conomic activity from which you ar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Majur Lecrel Read Consult Address:	tomy shis Rood Consultant	Cym rec no specification a process and about the similar distribution of the section of the sect
Name: Castis Runtals	Resedents/ Lannidas	
Address:	Menlas,	:

PART 2 (continued). INCOME DEF (For Legislators who	RIVED FROM SELF-EMPLO of are self-employed.)	YMENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived. Name and Address of Source Name:	entity or person from whom you	derived such income. If this form of
Address:	•	
Name:		
Address:		
$lack{\mathbb{F}}$ with the first contraction and the contraction of the first contraction eta and	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the		ır firm.
Name and Address of Firm	Major Areas of Pra	nctice Major Areas of Practice (firm)
Name:		
Address:		
Name:		11.1.1
Address:	-	A
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not includ	e gifts. If none, check the box.
None Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		
PART 5. REPORT	ADI E I ADII HIEC	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the	reporting period, and list the major.
☐ None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	e than \$300 from a single source. If
None	40000000000 D-ACCANACINATIONISCONATI	
Name of Source of Gift	Shallete Collective and Approximate September 200 Annual A	Source of Gift
1.	3.	MINISTER MINISTER, NAME AND A MINISTER AND A MINIST
2.	4.	· · · · · · · · · · · · · · · · · · ·

PART 7. REPORTABLI	E HONO	RARI	
List the source of any honoraria accepted for appearances or speeches r	elated to	our of	ficial duties. If none, check the box.
□ None			
Name of Source of Honoraria		Ņ	lame of Source of Honoraria
1. 3.		KIIIKIIK TAAN AAN AAN AAN	
2. 4.	-,,		
PART 8. REPRESENTATION BEI	ORE ST	AŢE	AGENCIES
List each executive branch agency before which you represented or ass the box.	sisted oth	ers for	compensation of any amount. If none, check
None		N. T.MIRF	
Name of Agency			Name of Agency
1. 3.		-	
2. 4.			
PART 9. BUSINESS WITH :	STATE A	GEN	CÍES
List each executive branch agency to which you or a member of your imr \$1,000 during the reporting period. If none, check the box.	nediate fa	mily s	old goods or services with a value in excess of
☐ None	999-39-39-39-39-39-39-39-39-39-39-39-39-		
Name of Agency			Name of Agency
1. Marino Rept of Transports trus 3.			
2. 4.	4.		
DART 10 INCOME DECEIVED BY MEM	DEDC A	C FRARA	ICDIATE CARRIEV
PART 10. INCOME RECEIVED BY MEM List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	\$1,000 c	r more	e received by your spouse or dependent child
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents. Type of Economic Activity Representing Source of Income Received	\$1,000 c not include Cir appro	or more de gifts cle	e received by your spouse or dependent child s. Circle "S" for income received by spouse or
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NAME: Ph	lip & cartes DATE: 1-2-08
ADDRESS:	93 Blockwell Hill Rel Machson ne crosso
	ADDITIONAL INFORMATION
information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.
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